Type or Print in Ink

1. NAME

City of Hollister

375 Fifth Street Hollister, CA 95023 (831) 636-4308

EMPLOYMENT APPLICATION

MANAGEMENT SERVICES DEPARTMENT HUMAN RESOURCES DIVISION

The City of Hollister, an Equal Opportunity/Affirmative Action Employer, offers equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

2. POSITION BEINGAPPLIED FOR

An application must be completed in full for each position applied for, both temporary and regular. All Statements are subject to verification.

3. ADDRESS CITY STATE ZIP 4. SOCIAL SECURITY CARD 5. HOME PHONE 6. WORK PHONE 7. DRIVER'S LIC.# CLASS 8. EXPERIENCE RECORD. List most recent experience first, including paid and voluntary experience that you feel qualifies you for this job. This section must be completed. A resume may be attached for supplemental information only. DO NOT INDICATE "Refer to Resume". A resume does not substitute for an application. If a Supplemental Questionaire is required, it must accompany this application. то TOTAL Employer Supervisor's Name Phone # (Mo-Yr) (Mo-Yr) (Mo-Yr) Address State Zip Last Salary Your Title and Duties Hourly Weekly Monthly Annually Reason for Leaving FROM то TOTAL Employer Supervisor's Name Phone # (Mo-Yr) (Mo-Yr) (Mo-Yr) State Last Salary \$ Your Title and Duties Hourly Monthly Weekly Annually Reason for Leaving FROM то TOTAL Employer Supervisor's Name Phone # (Mo-Yr) (Mo-Yr) (Mo-Yr) State Zip Last Salary Your Title and Duties Hourly Monthly Weekly Annually Reason for Leaving FROM TOTAL Phone # TO Supervisor's Name Employer (Mo-Yr) (Mo-Yr) (Mo-Yr) Address State Zip Last Salary Your Title and Duties Monthly Weekly Annually Reason for Leaving

9. EDUCATION In spa	ace below, give a complete outline of your	education and training.			
Circle Highest Grade Completed	Name of Last School Attended Through High School Location of This School		Location of This School	Did You Graduate?	
1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4					Yes No
	DESCRIBE BELOW A	ANY BUSINESS, TRADE SCHOO	OR COLLEGE TRAINING		
Name and Address of Schools		Type of School	Description of Courses, Major Subjects, Hours of Credit Rec	Did You (Graduate?
				Yes	No
				Yes	No
				Yes	No
Give full title of degrees	or diplomas (Do not abbreviate)				
10. WORK AVAILABI	LITY In accordance with Federal law, em of acceptable document(s) verifying		ned upon presentation by all individuals at time of n to work in the United States.	hire of orig	ginal copy
Are they any day, shifts	or hours you cannot work which are custo	omary for the position for v	which you are applying?		Yes No
If under age 18, do you	have a current work permit?				Yes No
Do you have the legal r	ight to work in the United States?			Yes	No
11. WORK CONDITION	N LIMITATIONS Applicants under	18 years of age must pos	sess a work permit.		
Have you ever been co	nvicted of a crime except a minor traffic vi	olation?			Yes No
If so, state citation, d	ate, court and place where offense occurre	ed			
Have you ever been dis	scharged or requested to resign from a pos	sition?		_	Yes No
If so, give circumstan	ces			-	
Do you have relatives employed by the City of Hollister? If yes, please indicate (Each case will be considered separately for potential conflict of interest)				Yes	No
12. JOB RELATED SK	ILLS/CERTIFICATES/LICENSES	-		•	
	rthand, office machines operated and othe tion you feel will be helpful to us in conside		es pertinent to position desired. Please provide a	iny addition	al
List Languages other th	nan English which you speak fluently:				
sufficient cause for denial of schools and any other personal cause for denial of schools.	of employment or discharge. Lauthorize the use of	of any information in this appli	the information given is found to be false in any way, it slocation to verify my statements, and I authorize the past en and previous employment record. I release all such perso	mployers, all i	references
ability take the test, I will so	inform the City of Hollister prior to the administra	ation of the test so that a reaso	n employment examination. In the event I have a disability onable accommodation can be made. Requested accomm eserves the right to require medical documentation conce	modation ma	y include
I understand that if employ time.	ed, policies and rules which are issued are not co	onditions of employment and th	nat the employer may revise policies or procedures, in wh	iole or in part	,atany
I understand that this appli	cation will be kept on active file for six months fro	m the date completed, after w	hich time I would have to reapply in accordance with esta	blished proce	edures.

Signature of Applicant

Date

through	the examination process.
If you h	ave a disability, please tell us. All information is voluntary and will be kept confidential. Yes No If yes, specify
Name	Male Female Position applied for:
Please	check one box only for the ethnic category you most clearly identify with (see below for ethnic identification)
1) 2) 3)	
4)	
5)	through Alaskan Native tribal affiliation or community recognition.
6)	Filipino All persons having origins from the Philippine Islands.
I learne	d of this job opening through: (check one)
TI	ne City's Personnel Division/Employment Announcement
С	ontact with a City Department/Employee. If Dept., specify which
A	n organization or group (specify)
Λ.	n advertisement (analify navananar or publication)

Other means (specify)_____

In order to process your employment application and to aid the City of Hollister in its commitment to Equal Opportunity, applicants are asked to provide the following information. This section will be separated from your application prior to any review of your application, and will be kept separate and confidential